

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Aaron Miller for Congress

ADDRESS (number and street)

PO Box 493

Check if different
than previously
reported. (ACC)

Rochester

MN

55903

2. FEC IDENTIFICATION NUMBER ▼

C

C00548693

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MN

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
08 / 12 / 2014in the
State of

MN

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2014

through

M M / D D / Y Y Y Y
07 / 23 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joe Droogsma

Signature of Treasurer

Joe Droogsma

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 30 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Aaron Miller for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5985.00	141665.30
(b) Total Contribution Refunds (from Line 20(d))	25.00	75.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5960.00	141590.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	43505.83	111681.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	43505.83	111681.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	69909.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	43300.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 19

Write or Type Committee Name

Aaron Miller for Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 / 01 / 2014

To:

M M / D D / Y Y Y Y
07 / 23 / 2014

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:
**(a) Individuals/Persons Other Than
Political Committees**

(i) Itemized (use Schedule A).....

3000.00

97757.29

(ii) Unitemized.....

2185.00

30508.01

**(iii) TOTAL of contributions
from individuals**

5185.00

128265.30

(b) Political Party Committees.....

800.00

4900.00

**(c) Other Political Committees
(such as PACs)**.....

0.00

5000.00

(d) The Candidate.....

0.00

3500.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

5985.00

141665.30

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**.....

0.00

0.00

13. LOANS:
**(a) Made or Guaranteed by the
Candidate**.....

40000.00

200000.00

(b) All Other Loans.....

0.00

0.00

**(c) TOTAL LOANS
(add Lines 13(a) and (b))**.....

40000.00

200000.00

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)**.....

0.00

0.00

**15. OTHER RECEIPTS
(Dividends, Interest, etc.)**.....

0.00

1.45

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)**.....

45985.00

341666.75

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43505.83	111681.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	40000.00	160000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	40000.00	160000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	25.00	75.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	25.00	75.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	83530.83	271756.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	107455.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	45985.00
25. SUBTOTAL (add Line 23 and Line 24).....	153440.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	83530.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	69909.95

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

A. Dana Allen-Tully

Mailing Address 1007 Bush Ct Sw

City

Eyota

State

MN

Zip Code

55934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garland Dairies

Occupation

Partner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : SA11AI.5703

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher Barnes

Mailing Address 300 Harbor Ln N

City

Plymouth

State

MN

Zip Code

55447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dominium

Occupation

Developer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : SA11AI.5730

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bernhard Brenner

Mailing Address 1763 Gilmore Ave

City

Winona

State

MN

Zip Code

55987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Knitcraft Corp

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		02		2014

Transaction ID : SA11AI.5705

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Aaron Miller for Congress

Full Name (Last, First, Middle Initial) Muu Hoang		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 100 Mintaro Ct		Transaction ID : SA11AI.5767
City San Ramon	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Chevron	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Clifford Olson		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 18787 Hobby Hills Circle		Transaction ID : SA11AI.5706
City Prior Lake	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer National Flooring Equipment	Occupation Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Steve Ptaszynski		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address PO BOx 4306		Transaction ID : SA11AI.5748
City Mankato	State MN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation IT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 19

☐ 11a ☒ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

Nicollet County Republicans

Mailing Address P.O. Box 111

City

St Peter

State

MN

Zip Code

56082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
07 17 2014

Transaction ID : SA11B.5821

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Olmstad County Republicans

Mailing Address 1530 Greenview Dr SW

City

Rochester

State

MN

Zip Code

55092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 15 2014

Transaction ID : SA11B.5823

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.
Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 19

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

AARON MILLER

Mailing Address 1046 MAPLEBACK PL NE

City

BYRON

State

MN

Zip Code

55920

FEC ID number of contributing
federal political committee.

C H4MN01161

Name of Employer

REVO Biologics

Occupation

Account Manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

203500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SA13A.5728

Amount of Each Receipt this Period

40000.00

Loan

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

40000.00

40000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

A. Capital Communications

Mailing Address 10969 Pierce St NE

City	State	Zip Code
Blaine	MN	55434

Purpose of Disbursement
Media Buy

004

Category/
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

6611.00

Transaction ID : SB17.5631

B. Capital Communications

Mailing Address 10969 Pierce St NE

City	State	Zip Code
Blaine	MN	55434

Purpose of Disbursement
Campaign Consultant

001

Category/
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.5632

c. Charter Communications

Mailing Address PO Box 3149

City	State	Zip Code
Milwaukee	WI	53201

Purpose of Disbursement
Telephone

001

Category/
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2014

Amount of Each Disbursement this Period

74.80

Transaction ID : SB17.5699

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9185.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

A. Church Offset Printing

Mailing Address 1731 Margaretha Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

City	State	Zip Code
Albert Lea	MN	56007

Amount of Each Disbursement this Period

203.24

Purpose of Disbursement
Thank You cards

001

Transaction ID : SB17.5639

Candidate Name

Aaron Miller for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 01

Full Name (Last, First, Middle Initial)

B. Cool Enterprises Inc.

Mailing Address 5115 Upper 183rd St W

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

City	State	Zip Code
Farmington	MN	55024

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Studio Production

007

Transaction ID : SB17.5627

Candidate Name

Aaron Miller for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 01

Full Name (Last, First, Middle Initial)

c. Dan-TerMailing Address 1530 Greenview Dr SW
Suite 212-F

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

City	State	Zip Code
Rochester	MN	55902

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement
Rent

001

Transaction ID : SB17.5672

Candidate Name

Aaron Miller for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 01

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2553.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

A. Joe Droogsma

Mailing Address 128 E Golden Lake Lane

City	State	Zip Code
Circle Pines	MN	55014

Purpose of Disbursement
Accounting & FEC

001

Category/
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5022

B. E-Donation.com

Mailing Address 117 N Saint Asaph St.

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Processing/Web Fees

003

Category/
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.5727

c. E-Donation.com

Mailing Address 117 N Saint Asaph St.

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
EFT Fees

003

Category/
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

492.41

Transaction ID : SB17.5787

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1012.41

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

A. Aleisha Keech

Mailing Address 76498 290th St.

City	State	Zip Code
Madelia	MN	56062

Purpose of Disbursement
Fundraiser

003

Category/
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

2707.50

Transaction ID : SB17.5679

B. Mail Expeditors

Mailing Address 605 E 12th St

City	State	Zip Code
Albert Lea	MN	56007

Purpose of Disbursement
Postage for Mailing

003

Category/
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

5024.69

Transaction ID : SB17.5629

c. Mail Expeditors

Mailing Address 605 E 12th St

City	State	Zip Code
Albert Lea	MN	56007

Purpose of Disbursement
Postage

004

Category/
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2014

Amount of Each Disbursement this Period

5024.69

Transaction ID : SB17.5697

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12756.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

A. Joe Meyer

Mailing Address 26199 Cty Rd 19

City	State	Zip Code
Winona	MN	55987

Purpose of Disbursement
Campaign Manager

001

Category/
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.5719

B. Pinnacle Direct

Mailing Address 15260 113th St N

City	State	Zip Code
Stillwater	MN	55082

Purpose of Disbursement
Direct Mail

003

Category/
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

6213.85

Transaction ID : SB17.5638

c. Rebyl Sports Inc.

Mailing Address 295 Northdale Blvd NW

City	State	Zip Code
Coon Rapids	MN	55448

Purpose of Disbursement
Tee Shirts

007

Category/
Type

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

337.00

Transaction ID : SB17.5636

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9050.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

A. Screen Tech

Mailing Address 2277 N 3rd St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

City	State	Zip Code
N St Paul	MN	55109

Amount of Each Disbursement this Period

3856.50

Purpose of Disbursement
Yard Signs

004

Transaction ID : SB17.5673

Candidate Name

Aaron Miller for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Full Name (Last, First, Middle Initial)

B. John Tingley

Mailing Address 637 W Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

City	State	Zip Code
Winona	MN	55987

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Staff

001

Transaction ID : SB17.5675

Candidate Name

Aaron Miller for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

Full Name (Last, First, Middle Initial)

c. Victory Enterprises

Mailing Address 5200 SW 30th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

3772.96

Purpose of Disbursement
District Voter Research

003

Transaction ID : SB17.5640

Candidate Name

Aaron Miller for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 01

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8629.46

43188.64

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 19

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

Full Name (Last, First, Middle Initial)

A. AARON MILLER

Mailing Address 1046 MAPLEBACK PL NE

City	State	Zip Code
BYRON	MN	55920

Purpose of Disbursement
Repay Loan

Candidate Name

Aaron Miller for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

40000.00

Transaction ID : SB19A.5671

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

40000.00

40000.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5392

Aaron Miller for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

AARON MILLER

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1046 MAPLEBACK PL NE

City

State

ZIP Code

BYRON

MN

55920

Original Amount of Loan

40000.00

Cumulative Payment To Date

40000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 27 / 2014

Date Due

M M / D D / Y Y Y Y
7/15/2014

Interest Rate

6.75

% (apr)

Secured:

☒ Yes☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5728

Aaron Miller for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

AARON MILLER

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1046 MAPLEBACK PL NE

City

State

ZIP Code

BYRON

MN

55920

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 22 / 2014

Date Due

M M / D D / Y Y Y Y
08/01/2014

Interest Rate

6.75

% (apr)

Secured:

☒ Yes☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40000.00

TOTALS This Period (last page in this line only)..... ►

40000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3) **LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Aaron Miller for Congress		Transaction ID : SC/10.5728.SC1	
		FEC IDENTIFICATION NUMBER	
		C C00548693	
LENDING INSTITUTION (LENDER) Full Name Wells Fargo		Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">40000.00</div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: right;">6.75 %</div>
Mailing Address 5950 Rice Creek Parkway		Date Incurred or Established MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">07 / 22 / 2014</div>	
City Shoreview	State MN	Zip Code 55126	Date Due MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">08/01/2014</div>
Back Ref SC/10.5728			
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: right;">40000.00</div>		Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: right;">40000.00</div>	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div>		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Joe Droogsma Signature _____		DATE <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">07 / 30 / 2014</div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name AARON MILLER Signature AARON MILLER		[Electronically Filed] DATE <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">07 / 22 / 2014</div>	
		Title Candidate	

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 19

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Aaron Miller for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AARON MILLER

Nature of Debt (Purpose):

Mileage Reimbursement

Mailing Address 1046 MAPLEBACK PL NE

City State

Zip Code

BYRON

MN

55920

Outstanding Balance Beginning This Period

3300.00

Transaction ID : SD10.5725

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ►

3300.00

2) **TOTALS** This Period (last page this line number only) ►

3300.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

40000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

43300.00